

| UNITED STATES DISTRICT COURT<br>NORTHERN DISTRICT OF CALIFORNIA<br>CAND 435<br>(CAND Rev. 08/2018)  |                     |                    |  | <b>TRANSCRIPT ORDER</b><br>Please use one form per court reporter.<br><i>CJA counsel please use Form CJA24</i><br>Please read instructions on next page.   |                       |                       |                       |                           |  | COURT USE ONLY<br><b>DUE DATE:</b> |                       |                       |                       |                       |                       |
|---|---------------------|--------------------|--|--|-----------------------|-----------------------|-----------------------|---------------------------|--|------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1a. CONTACT PERSON FOR THIS ORDER   |                     |                    |  | 2a. CONTACT PHONE NUMBER   |                       |                       |                       | 3. CONTACT EMAIL ADDRESS  |  |                                    |                       |                       |                       |                       |                       |
| 1b. ATTORNEY NAME (if different)  |                     |                    |  | 2b. ATTORNEY PHONE NUMBER  |                       |                       |                       | 3. ATTORNEY EMAIL ADDRESS |  |                                    |                       |                       |                       |                       |                       |
| 4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE)   |                     |                    |  | 5. CASE NAME   |                       |                       |                       |                           |  | 6. CASE NUMBER                     |                       |                       |                       |                       |                       |
|   |                     |                    |  |  |                       |                       |                       |                           |  |                                    |                       |                       |                       |                       |                       |
| 7. COURT REPORTER NAME ( FOR FTR, LEAVE BLANK AND CHECK BOX)→ <input type="checkbox"/> FTR  |                     |                    |  | 8. THIS TRANSCRIPT ORDER IS FOR:   |                       |                       |                       |                           |  |                                    |                       |                       |                       |                       |                       |
|   |                     |                    |  | <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached)<br><input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL      CJA: <u>Do not use this form; use Form CJA24.</u> |                       |                       |                       |                           |  |                                    |                       |                       |                       |                       |                       |
| 9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type: |                     |                    |  |  |                       |                       |                       |                           |  |                                    |                       |                       |                       |                       |                       |
| a. HEARING(S) (OR PORTIONS OF HEARINGS)   |                     |                    |  | b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)   |                       |                       |                       |                           | c. DELIVERY TYPE (Choose one per line) |                                    |                       |                       |                       |                       |                       |
| DATE  | JUDGE<br>(initials) | TYPE<br>(e.g. CMC) | PORTION<br>If requesting less than full hearing,<br>specify portion (e.g. witness or time) | PDF<br>(email)   | TEXT/ASCII<br>(email) | PAPER                 | CONDENSED<br>(email)  | ECF ACCESS<br>(web)       | ORDINARY<br>(30-day)                   | 14-Day                             | EXPEDITED<br>(7-day)  | 3-DAY                 | DAILY<br>(Next day)   | HOURLY<br>(2 hrs)     | REALTIME              |
|   |                     |                    |  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>                  | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|   |                     |                    |  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>                  | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|   |                     |                    |  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>                  | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:  |                     |                    |  |  |                       |                       |                       |                           |  |                                    |                       |                       |                       |                       |                       |
|   |                     |                    |  |  |                       |                       |                       |                           |  |                                    |                       |                       |                       | 12. DATE              |                       |
| ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).<br>11. SIGNATURE                   |                     |                    |  |  |                       |                       |                       |                           |  |                                    |                       |                       |                       |                       |                       |